

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021980

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5518

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

<p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI</p> <p>c. FULL NAME OF (If NOT in hospital, give full name of) HOSPITAL OR INSTITUTION BARNES HOSPITAL</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Illinois COUNTY St. Clair</p> <p>c. CITY OR TOWN East St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS 1525 S. "H" Street (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED First Middle Last (Type or print) MARY MILLER</p>		<p>4. DATE OF DEATH Month Day Year May 23 1963</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE Negro</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 1/17/1892</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY None</p>	
<p>11a. FATHER'S NAME HENRY RUSH</p>		<p>11b. MOTHER'S MAIDEN NAME LILLIE HERRIN</p>	
<p>12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO</p>		<p>12b. SOCIAL SECURITY NO.</p>	
<p>13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Epidermoid carcinoma left lung with metastases</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>		<p>14. NAME OF HUSBAND OR WIFE NONE</p> <p>15. INFORMANT Address 1525 S. "H" St. East St. Louis, Ill. Goldie Woodiest</p> <p>INTERVAL BETWEEN ONSET AND DEATH 7 years</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 12/11/56 to 5/23/63 and last saw her alive on 5/23/63 Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) FRANK R. BRADLEY M.D.</p>		<p>22b. ADDRESS BARNES HOSPITAL</p>	
<p>22c. DATE SIGNED 5/23/63</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	
<p>23b. DATE 5/28/63</p>		<p>23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory</p>	
<p>23d. LOCATION (City, town, or county) Stookey Township, Illinois</p>		<p>23e. STATE</p>	
<p>24. FUNERAL DIRECTOR Marion Office</p>		<p>25. DATE RECD. BY LOCAL REG. MAY 24 1963</p>	
<p>26. REGISTRAR'S SIGNATURE Earl Smith M.D.</p>		<p>27. ADDRESS 2114 Mo. Ave. E. St. Louis, Ill.</p>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marionette Officier

Licensed Embalmer No.

5177

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.